

VIRGINIA DEPARTMENT OF HEALTH
THOMAS JEFFERSON HEALTH DISTRICT
P. O. Box 7546, Charlottesville, VA 22906
1138 Rose Hill Drive, Charlottesville, VA 22903
434-972-6259 (Office)
434-972-6221 (Fax)

APPLICATION FOR TEMPORARY RESTAURANT PERMIT
TO BE SUBMITTED AT LEAST 10-14 DAYS PRIOR TO EVENT
(PLEASE PRINT OR TYPE)

Date of Application: _____

Name of Organization or Individual: _____

FIN/SSN: _____

Mailing Address: _____

Representative: _____

Telephone numbers: (W) _____ (H) _____

Event Name: _____

Event Location: _____

Date(s) of Operation: _____ Time(s) _____ to _____

Type of Food Facility: _____
(Beverage Wagon, Booth, Kitchen, Tent, etc.)

Vendor Fee* - \$20 per event to a maximum of \$100 a year (include with application or include copy of receipt)

(Examples of organizations/groups exempt from fee = churches; fraternal, school and social organizations; and volunteer fire departments and rescue squads.)

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

LIST ALL FOOD AND BEVERAGE ITEMS BELOW. Use separate page for additional information.

Food/Beverage	Source Address	Where Prepared	Methods of Preparation and Serving Equipment Used
<i>Example: Hamburgers Tomatoes & onion</i>	<i>Food Distributor Local market</i>	<i>On site On site</i>	<i>Cooked to 170° F and held in pan on grill. Washed and sliced and held in cooler.</i>

HAND WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS, HOW CLEANED, DESCRIBE SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
<i>Example: Soap, water, towels</i>	<i>Prepackaged mustard, catsup, etc.</i>	<i>Tongs, spatula, knife, ice scoop (bleach and water sanitizer)</i>	<i>Reach-in refrigerator, Cooler with ice (thermometer in each)</i>	<i>Electric grill, steam table, deep fat fryer, hot plate</i>

Please call us prior to the event to verify the status of your application. Please notify us of any changes in your application (for example, additional menu items)

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension, as per Food Regulations adopted October 2007.

Representative's Signature

Date